Application or Docke: Number 19/510716

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

		CI AIMS	S Ell ED	DAGE								· · · · · · · · · · · · · · · · · · ·		
		COMINIS		FILED - PART I (Column 1) (Column 2)				SMALL ENTITY				OTHER THAN		
Ī	OTAL CLAIM	S.	100:01	(COIOMIN 1)		(Column 2)			TYPE		OF	SMALL		
FOR			10005	40,000 50 50 50		3			RATE	FEE		RATE	FEE	
TOTAL CHARGEABLE CLAIMS			NUMBER FILED		ARTX3 R38MUN			BASIC FE	Ε	OF	BASIC FE	250		
			/0 minus 20=					XS 9=		OR	XS18=	·		
INDEPENDENT CLAIMS				_ minus 3 =					X43=			X86=	 -	
MULTIPLE DEPENDENT CLAIM PRESENT										 	-\ob		-	
* If the difference in column 1 is less than zero, enter "0" in column 2								L	-145=		OR	380	300	
	CLAIMS AS AMENDED - PART II								TOTAL	<u> </u>	JOR	TOTAL		
1	120105	(Column 1)	- ·	(Column 2)			(Column 3)			ENTITY	OR	OTHER		
A		CLAIMS REMAINING		HIGH	ST	·		·F		_] 	SMALL	,	
AMENOMENT A		AFTER.		PREVIO PAID F	USLY	PRESE EXTR			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
END	Total	. 9004	Minus	-20) <u> </u>	- /			X\$ 9=		OR	XS18=		
AM	Independent	NTATION OF M	Minus	3	<u></u>	- /		T	X43≈ -	 	OR	X86= -		
_	TVIII T THESE	-MIANON OF M	OTTIPLE DE	PENDENT	CLAIM			r			OH			
				•				L	+145=	<u> </u>	OR	+290=		
(Column 1) (Column 2) (Column 3)								A	DOIT. FEE		OR	TOTAL ADDIT FEE	·	
8		CLAIMS		HIGHE		(Column	13)	_						
AMENDMENT		REMAINING AFTER AMENDMENT		PREVIOU PAID F	JSLY	PRESEN EXTRA			RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Q	Total .	•	Minus .	••		=		Γ	XS 9=			X\$18=	FEE	
AME	Independent	•	Minus	***		=		卜	X43=	<u> </u>	OR		<u> </u>	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	PENDENT (CLAIM			-	740-		OR	X86=		
							L	+145=		OR	+290=			
	•				.•		٠.	AD	TOTAL DIT. FEE	··· ··	OR	TOTAL		
_		(Column 1)		(Column	12)	(Column	3).			,				
AMENDMENT C		CLAIMS REMAINING		HIGHES	R SLY			Г		ADDI-			400:	
		AFTER AMENDMENT		PREVIOU		PRESEN EXTRA		1	RATE	TIONAL	l	RATE	ADDI- TIONAL	
	Total		Minus	PAID FO	JH _	= ,	-	\vdash		FEE	1		FEE	
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	FIRST PRESE	NTĂȚION OF MU	LTIPLE DEP	ENDENT.C	LAIM	. П	\dashv		X43= .		ÖR	X86=	·	
												+290=		
If the "Highest Number Preventing Paid For" IN This column 2, write "0" in column 3.														
								ADD	IT FFF		OR. A	TOTAL DDIT. FEE		
_		per Previously Paid	ror (Total or	independ en t) is the t	lighest nun	nber lo	und	in the app	mod elerador	in colu	mn 1.		
014				-		_				_			5-	